

Notice: Information requested on this form is required to request reimbursement for grant expenditures under ch. NR 47, Wis. Adm. Code. The Department will be unable to process your reimbursement request unless you complete and submit this form. Personal information collected will be used for program administration and may also be made available to requesters under Wisconsin's Open Records law [ss. 19.31 – 19.39, Wis. Stats.]

Municipality Name	Treatment Block Number	County
Eligible administrative expenses for the period July 1 through June 30, postmark deadline July 15.		
<p>A. Eligible expenses must be necessary for the completion of the program, and must be directly relevant to the areas that are actually treated through the Program.</p> <p>B. Aerial spray cost records will be kept separately and will automatically be calculated into grant reimbursements.</p> <p>C. Mail completed forms to your DNR Regional Gypsy Moth Suppression Coordinator</p> <p>D. Only treatment blocks that receive aerial insecticide treatment are eligible for reimbursement.</p> <p>E. Fill out grant reimbursement request and expense worksheets for each block. Copy these forms for each additional treatment block as needed. NOTE: If expenses are divided equally between blocks OR on a percentage basis, indicate such and submit one set of reimbursement forms with an explanation of each breakdown per block.</p> <p>F. Proof of payment for the expenses must be kept on file for 4 years, such as invoices, receipts, canceled checks, copies of newspaper advertisements, time sheets, documentation for travel and mileage.</p>		
ELIGIBLE ADMINISTRATIVE EXPENSES SUMMARY		
1. Travel: Mileage accrued in vehicles used in preparation of sprayed blocks. Mileage is reimbursable but must be no more than the DOT standard rates. Summarized from the Mileage Tracking Worksheet.		
2. Planning Supplies: Cost of GIS mapping, aerial photos, and other supplies needed for planning treatment blocks and conducting the spray program. Summarized from Cash Expenditures Worksheet.		
3. Educational materials: Cost of producing or reprinting publications, literature and maps necessary to inform the public about the suppression program. Summarized from Cash Expenditures Worksheet.		
4. Landowner notification supplies: Costs associated with public relations, supplies and postage for notification letters, publication of legal notices, newspaper advertisements, room rental for public meetings, phone bills and documented proportion of office rental. Summarized from Cash Expenditures Worksheet.		
5. Communication supplies: Rental of communication equipment, cellular phone service from April 20 th through June 10 th that is directly related to aerial treatments. Summarized from Cash Expenditures Worksheet.		
6. Municipal Personnel costs: Salary/wage and benefits (not to exceed the DOA fringe rate) for time administering the cost share program for treated blocks. Personnel may include the municipal contact, contract employees, administrative support, temporary employees and accounting support. Costs associated with municipal contact duties, attending DNR training sessions, egg mass surveys in treated spray blocks, collecting treatment funds, organizing paperwork, etc. Summarized from Labor Summary Worksheet.		
7. County Coordinator Personnel costs: Salary/wage and benefits (not to exceed the DOA fringe rate) for time administering the cost share program for treated blocks. Personnel may include the county coordinator, administrative support, temporary employees and accounting support. Costs associated with county coordinator duties, attending DNR training sessions, egg mass surveys in treated spray blocks, collecting treatment funds, organizing paperwork, etc. Summarized from Labor Summary Worksheet.		
Total Administrative Expenses		\$

_____ x _____ = _____ (Insert this amount in #1 Travel category on
 Total Miles Above Rate Total Mileage Costs Page 1)

Use this worksheet to itemize all Planning (#2), Education Materials (#3), Landowner Notification (#4), and Communication Supplies (#5), only.

(Insert these amounts on the first page, in the categories indicated here: #2 #3 #4 #5)

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Grant Reimbursement Request
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LABOR SUMMARY WORKSHEET

Use this worksheet to track municipal personnel and county coordinator personnel costs.

Employee Name	Date	Type of Work	# of hours		Rate per hour Excluding Benefits		Sub Total		Benefit Rate ex: 1.4081		TOTAL	
											Municipal Personnel	Cty Coord Personnel
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
				x		=		x	1.	=	\$	\$
TOTALS											\$	\$

(Insert these amounts on the first page, in the categories indicated here: #6 #7

I certify that the labor and services summarized above were performed and that this claim is just and correct.

County Coordinator Signature

Date